

# Book Reviews

**Manual of Clinical Problems in Obstetrics and Gynecology with Annotated Key References.** Edited by Michel E. Rivlin, John C. Morrison, and G. William Gates. 480 pp. Boston, Little, Brown, 1990 (paper). ISBN 0-316-74774-2.

Among the many significant challenges presented to family physicians in practice, few are more daunting than "keeping up." This task is even more important in areas of high potential acuity, morbidity, and mortality, such as obstetrics and gynecology. Failure to exhibit currency in these areas not only increases the likelihood of adverse patient outcomes (often with both fetal and maternal patients involved), but also plunges the physician into an area fraught with significant medicolegal risks. This small handbook, which succinctly deals with the most troublesome and controversial areas in obstetrics and gynecology, thus has excellent relevance to family medicine. Its content covers the 105 major problem areas commonly seen in clinical practices that include obstetrics and gynecology.

The book is easy to read. Each problem area is assigned one chapter, which is usually only 2 to 3 pages in length. The authors have endeavored to provide both good clarity and reasonable comprehensiveness in this extremely concise format. While significant variability exists between the styles of the multiple authors, the editors have created a book with good internal consistency.

The book is published in the spiral notebook format that Little, Brown has used in their popular "Spiral Manual™" series. Its 6 × 8½-inch size allows it to be easily carried in a clinic coat pocket. In the foreword, the goal of the volume is articulated as "... providing in-depth information in simple, readable fashion about major topics . . ." and this task is well carried out. The 105 topical areas addressed are grouped into major sections under the general categories of obstetrics and gynecology. The organization is logical, and the volume is well indexed.

Although small, the print is of good quality and is easy to read. There are no illustrations, graphs, or tables.

This book would be useful to all family physicians, even those who do not practice obstetrics. Its concise, summary-style format provides an easy method of updating for the practicing physician. These same advantages also accrue to family practice residents who require a quick review before approaching unfamiliar clinical situations. Family physicians who are not currently practicing obstetrics will not only find the gynecologic information useful, but will also appreciate quick obstetric reviews in the event of an emergency.

My major concern about this manual is its currency. If used as an updating tool, currency is man-

datory. From the copyright dates of the first and second editions, it appears that the book is updated only every 4 years. While the annotated bibliography included with every topic is useful and quite complete, its most recent inclusions are from 1989 journals. The information, especially in rapidly changing areas, can quickly become dated.

In summary, this is a useful, high-quality book with strong relevance for family medicine. It should be considered for inclusion in all family physicians' libraries.

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**Manual of Emergency Medicine Diagnosis and Treatment.** Second edition. By Jon L. Jenkins and Joseph Loscalzo. 529 pp. Boston, Little, Brown, 1990. \$24.50 (paper). ISBN 0-316-46055-9.

One of the Little, Brown "Spiral Manual™" series, this compact, well-written book is a valuable reference for those who provide emergency or acute medical care. It is sensibly organized into five sections: cardiopulmonary resuscitation, diagnosis by chief complaint, initial assessment of the multiple-traumatized patient, trauma, and special problems. The section covering problems that present by chief complaint, where the diagnosis is not yet made, has a particularly interesting format. For each of the 34 problems, such as the acutely red eye or shortness of breath, the authors assist in diagnosis by outlining the common causes, the less common causes not to be missed, and other causes. Then, in each case, a more detailed discussion of diagnosis and management follows. In all sections, the illnesses and injuries discussed are the ones most commonly seen, and these are supplemented by less commonly seen ones, such as altitude sickness and electrical injuries.

The book is indexed and cross-referenced, and the writing is succinct. There are charts and tables that support the written text but no photographs or diagrams. I do not see this as a shortcoming, though. The authors, in keeping the size of the text small, kept the information of highest priority. They sought to provide essential, practical information in a text format, and they met their goals well.

Medical students and residents will appreciate having this text in their pockets when seeing patients in emergency or acute care settings. It will help them manage most of the problems they will see. It is not intended to be the definitive textbook for detailed discussions of specific problems. Practicing physicians will use it more selectively to help answer those important questions that come up when seeing patients:

"Have I forgotten anything? Should prophylactic antibiotics be used in this case? What drug and dose should be used?"

Dollar-for-dollar, this text is hard to beat as a portable, helpful companion when treating patients in emergency situations.

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**Telephone Medicine: Triage and Training: A Handbook for Primary Care Health Professionals.** By Harvey P. Katz. 222 pp. Thorofare, NJ, Slack, 1990. \$25 (paper, spiral). ISBN 1-55642-138-9.

For every patient seen in office practice, several other patient contacts are handled over the telephone. From prescription refills to medical triage, these verbal encounters traverse the mundane to the critical. Indeed, few aspects of patient care demand more of the "art of medicine" than the combination of listening skills, sound knowledge, patience, sensitivity, and perhaps intuition needed to handle successfully the telephone call from an anxious patient or parent. Nevertheless, little if any formal training is devoted to this aspect of patient care.

In his handbook *Telephone Medicine Triage and Training*, Dr. Katz, an Associate Clinical Professor of Pediatrics at Harvard Medical School, seeks "to promote a more informed decision-making process" in the use of the telephone in patient care. He succeeds through a well-organized and practical approach.

Dr. Katz begins with an overview of the role of the telephone in patient care and offers specific guidelines for the organization of a system of telephone triage. Subsections, such as "Guide to Managing the Upset or Angry Patient" and "Medico-Legal Issues in Telephone Medicine," should prove especially appealing to practicing physicians and their staffs.

The major portion of the book is a section entitled "Symptoms, Decision Guidelines and Home Management Advice." With the aid of specific questions and checklists, the author takes the reader through the spectrum of common problems from animal bites to nose bleeds, offering treatment tips and caveats for sorting the serious from the mundane.

Finally, the overall evaluation of the system employed is addressed. Training exercises and audit forms are also provided to ensure that high-quality care is maintained.

While I suspect that most practicing physicians will find specific treatment information quite basic, the real value of this book lies in its usefulness as a tool to organize an effective telephone triage service in the office or clinic setting. A primary focus is the education of the office staff to perform this important function in a professional and efficient manner. The book also has great potential as a rare resource

for physicians in training to assist them with an organized approach to telephone management of patient problems. With the approach advocated here, the risk of error and the potential for misunderstanding will be lessened, and the goal of improved patient care better served.

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**Learning Clinical Reasoning.** By Jerome P. Kassirer and Richard I. Kopelman. 332 pp. Baltimore, Williams & Wilkins, 1991. \$32.00 (paper). ISBN 0-683-04537-7.

The authors state that "the book is devoted to clinical cognition, or clinical reasoning, and it is intended both for those who wish to learn it and for those who wish to teach it." Family physicians utilize these skills with every patient encounter, but many times they are not aware of the reasoning processes they are using. The book explicates these processes well and then gives several cases to illustrate various points. One needs to deal with some educational jargon in reading the book, but it is not difficult to understand when examples are given for clarification.

One of the most valuable features of the book is the reinforcement of how physicians think when involved in a clinical encounter. Medical schools teach students to take a complete history and to do a complete physical examination. When in clinical practice, however, clinicians process information by hypothesis generation and clinical reasoning, as described admirably in the book. The education of students needs to prepare them better for this thought process. This book can be helpful to clinical teachers to facilitate that process.

Didactic information is described in Part I, but the reader is referred to several cases in Part II to illustrate the points. The major headings of the didactic information, however, are repeated in Part II, so it can be read separately with understanding. There were adequate illustrations for the cases described.

The cases used to illustrate various points were chosen from hospitalized patients. Information was then given to a clinician in "chunks," who was asked to "think out loud" and to explain his or her reasoning. The authors then critiqued the reasoning process to illustrate the various didactic points. One can learn a great amount of medicine by following the clinicians' explanations. Because family physicians spend most of their time in the ambulatory setting, they would need to translate the clinical reasoning processes to their field of endeavor.

I would highly recommend this book to those family physicians who are interested in understanding their own reasoning processes and who are interested in helping learners improve their skills.

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